

Instructions to Health Plans

- ❖ *[If the state does not use the word “Medicaid”, plans should replace it with the name the state uses.]*
- ❖ *[If plans do not use the term “Member Services”, plans should replace it with the term the plan uses.]*
- ❖ *[Plans should note that any reference to a “Member Handbook” is also a reference to the Evidence of Coverage document.]*
- ❖ *[Plans should include all drugs/items covered under the Part D and Medicaid pharmacy benefits. This may include Part D excluded drugs and over the counter drugs/items.]*

If you have questions, please call <plan name> Member Services at <toll-free phone number> <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

For more information, visit <web address>.

If you need this Drug List in an alternate format, such as Braille or audio, call <phone number>.

This information is available for free in other languages. Please contact our customer service number at *[insert customer service and TTY numbers, and hours of operation]*.

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<Plan Name>

<year> List of Covered Drugs (Formulary)

[Plans should include a version date of this issuance in the event that there are multiple issuances.]

- ❖ <Plan's legal or marketing name> is a health plan with a Medicare contract and a contract with <name of [State] Medicaid program>.
- ❖ Benefits, formulary, pharmacy and provider network, [\[and/or copayments\]](#) may change on January 1 of each year.

Frequently Asked Questions

1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the “Drug List” for short.)

The drugs on the Drug List are the drugs covered by <plan name>. The drugs are available at our network pharmacies.

→ <Plan name> will usually cover any of the drugs on the Drug List: if

- your doctor or other prescriber says you need them to get better or stay healthy, **or**
- you fill the prescription at a <plan name> network pharmacy.

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2. Does the Drug List ever change?

Yes. <Plan name> may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- a cheaper drug comes along that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe.

We may also change our rules on how some drugs are covered. For example, we could add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. (For more information on what these restrictions are, see page <page number>.)

→ You can always check <plan name's> up to date Drug List online at <web address>. You can also call Member Services to check the current Drug List at <toll-free number>.

3. What happens if we take a drug off the Drug List?

Generally, if you are taking a drug and we remove it from the Drug List, your coverage stays the same and you can continue taking it for the rest of the year, **unless**:

- a cheaper drug comes along that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe.

What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. *[Plans should explain how beneficiaries will receive this notification.]*

If you have questions, please call <plan name> Member Services at <toll-free phone number> <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

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What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. *[Plans should include information advising beneficiaries what to do after they receive this letter (e.g., contact the prescribing doctor, etc.).]*

4. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor must get permission from <plan name> before you fill your prescription. If you don't get approval, <plan name> may not cover the drug.
- **Quantity limits:** Sometimes <plan name> limits the amount of a drug you can get.
- **Step therapy:** Sometimes <plan name> requires you to try drugs for your medical condition in a certain order. You might have to try one drug before we will cover another drug. This is called *step therapy*. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the table on page <page number>. You can also get more information by visiting our Web site at <web site address>.

You can also ask for an "exception" from these limits. Please see question 10 for more information on exceptions.

If you have questions, please call <plan name> Member Services at <toll-free phone number> <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

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→ If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List, or if you cannot easily get the drug you need, we can help. We will cover a [\[must be at least 31\]](#)-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new <plan name> member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception. Please see question 10 for more information about exceptions.

5. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The List of Covered Drugs has a column labeled “necessary actions, restrictions or limits on use” on page <page number>. This where you can find out if your drug has limitations or required actions.

6. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization, quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior authorization, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. This gives you time to talk to your doctor about what to do next.

7. How can you find a drug on the Drug List?

There are two ways to find a drug:

If you have questions, please call <plan name> Member Services at <toll-free phone number> <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

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- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it [\[give instructions\]](#).

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page <page number>. Then find your medical condition. For example, if you have a heart condition, you should look in that category. That is where you will find drugs that treat heart conditions.

8. What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Member Services at <phone number> and ask about it. If you learn that <plan name> will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take.
- You can also ask the plan to make an exception to cover your drug. Please see question 10 for more information about exceptions.

9. What if you are a new <plan name> member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover your drug during the first [\[must be at least 90\]](#) days you are a member of <plan name>. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception.

We will cover a [\[must be at least 30\]](#)-day supply of your drug if:

If you have questions, please call <plan name> Member Services at <toll-free phone number> <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

For more information, visit <web address>.

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- you are taking a drug that is not on our Drug List, **or**
- plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by <plan name>, **or**
- you are taking a drug that is part of a step therapy restriction.

If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as *[must be at least 91 and may be up to 98]* days. You may refill the drug multiple times during the *[must be at least 91 and may be up to 98]* days. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

[Note: Plans must insert their transition policy for current enrollee with level of care changes, if applicable, as specified in section 30.4.7 of Chapter 6 of the Prescription Drug Benefit Manual.]

10. What exceptions are possible?

You can ask <plan name> to make an exception to cover your drug.

You can ask for the following exceptions:

- You can ask us to cover your drug even if it is not on the Drug List.
- You can ask us to waive limitations on your drug.
 - » For example, <plan name> may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to waive the limit and cover more.
 - » Other examples: You can ask us to waive step therapy restrictions. You can also ask us to waive prior authorization requirements.

If you have questions, please call <plan name> Member Services at <toll-free phone number> <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

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11. How long does it take to get an exception?

First, we must receive a statement from your prescriber supporting your request for an exception. After we receive the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for a faster decision. This is called an *expedited exception*. If your prescriber supports your request, we will give you a decision within 24 hours of receiving your prescriber's supporting statement.

12. How can you ask for an exception?

To ask for an exception, call *[Plans should include information on the best person to call – e.g., your care coordinator, your care team, Member Services]. <Your care coordinator, your care team, A Member Services representative>* will work with you and your provider to help you ask for an exception.

13. What are generic drugs?

Generic drugs are made up of the same ingredients as brand name drugs. They usually cost less than the brand name drug and don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

<Plan name> covers both brand name drugs and generic drugs.

14. What are OTC drugs? *[This question is optional. Plans should only include this question if the plan covers OTC drugs.]*

If you have questions, please call <plan name> Member Services at <toll-free phone number> <days and hours of operation>. TTY/TDD: <toll-free number>. The call is free.

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OTC stands for “over the counter”. You can buy OTC drugs without a prescription.

<Plan name> covers some OTC drugs.

You can read the <plan name> Drug List to see what OTC drugs are covered.

[Plans should include OTC drugs they pay for and that were included on the integrated formulary approved by CMS and the state in the Drug List. They should provide cost information there as well.]

15. Does <plan name> cover OTC non-drug products? *[This question is optional. Plans should only include this question if the plan covers OTC non-drug products.]*

<Plan name> covers some OTC non-drug products.

You can read the <plan name> Drug List to see what OTC non-drug products are covered.

[Plans should include OTC non-drug products they pay for in the Drug List. They should provide cost information there as well.]

16. What is your copay?

You can read the <plan name> Drug List to learn about the copays for each drug.

<Plan name> members living in nursing homes or other long term care facilities will have no copays. Some members receiving long term care in the community will also have no copays.

[If a plan has no copays for any drugs, the plan should modify this information accordingly.]

[Plans must explain any symbols or abbreviations used to show use restrictions, drugs that are available via mail order, excluded drugs (note when appropriate those drugs required by Medicaid

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or offered as a supplemental benefit), free first fill drugs, limited access drugs, and drugs covered under the medical benefit (for home infusion drugs only, and for plans that specifically request and are approved (in the plan benefit package) to bundle home infusion drugs and services under the medical benefit).]

[**Note:** Health plans may want to add this bullet under “necessary actions or limits on use”:]

- [Include if the plan offers generic use incentive programs permitting zero or reduced cost-sharing on first generic refills: We will provide this prescription drug at [insert as appropriate: no or a reduced] cost the first time you fill it.]

List of Covered Drugs

[**Note:** Brand name drugs start with a capital letter; generic drugs start with a lower-case letter. Any OTC drugs or products on the plan’s approved integrated formulary must be included on the Drug List. For non-Part D drugs that are covered by Medicaid, please place an asterisk (*) by the drug to indicate that the beneficiary may need to follow a different process for appeals.]

Note: This symbol * next to a drug means that if we make a decision about this drug and you want to appeal, you may need special instructions. To ask for instructions on how to appeal, you can call Member Services at <toll-free number>. You can also read the Member Handbook to learn how to appeal a decision.

Treatment category: <plain language category and description>

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use

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Treatment category: <plain language category and description>

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use

[General Drug Table instructions:

Column headings should be repeated on each page of the table.

Include a “plain-language” description of the treatment category next to the name of each category. For example, instead of only including the category, “Dermatological Agents,” plans may include “Dermatological Agents – Drugs to treat skin conditions.”

List treatment categories alphabetically within the table, and list drugs alphabetically under the appropriate treatment category.]

[Drug Name column instructions:

Brand name drugs should be capitalized (e.g., DRUG A). Generic drugs should be lower-case and italicized, e.g., penicillin. Plans may include the generic name of a drug next to the brand name.]

[Necessary actions/restrictions/limits on use columns

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Plans may include abbreviations within this column (e.g., QL for quantity limits) but must include an explanation at the beginning of the formulary table explaining each abbreviation.]

[Index of Drugs

Plans must include an alphabetical listing of all drugs included in the formulary that indicates the page where members can find coverage information for that drug. Plans may use more than one column for the index listing. The inclusion of this list is required and should start on a separate page.]

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